2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000089172

1. Entity Name

CONCEPT 2 MARKET, INC.



FILED
Mar 07, 2008 08:00 A
Secretary of State

Principal Place of Business

3000-11 N.W. 25TH AVE

SIXTH FLOOR

POMPANO BEACH, FL 33069 US

Mailing Address

12765 FOREST HILL BLVD

SUITE 1302

WELLINGTON, FL 33414

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0543557

02222008

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARIO G. DE MENDOZA, III, P.A. 12765 FOREST HILL BLVD STE 1302 WELLINGTON, FL

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	named entity submits this statement for the poisons of registered agent.	urpose of changing its register	ed office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accep)t
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE, Registere	d Agent signature	required when reinstating)	DATE	_
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000850562 03/25/08-80004-002 150.00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIRKEENG, TODD 3000-11 NW 25 AVE POMPANO BEACH, FL 33069					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMALFITANO, MICHAEL L. 12765 FOREST HILL BLVD STE 1302 WEST PALM BEACH, FL 33414					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MESSINA, JOSEPH 12765 FOREST HILL BLVD STE 1302 WEST PALM BEACH, FL 33414			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MESSINA, JOSEPH 12765 FOREST HILL BLD STE 1302 WEST PALM BEACH, FL 33414			IN	THIS SPACE	
TITLE			I			

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment an address, with all other like empowered.

SI	G	N	A.	Tι	JR	E:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

1/00		1,1,1,0,00	
SIGNATING AND TV	DED OR BRINTED NAME	OF RIGHING OFFICER OF DIRECTOR	,
WORKE GROUP	PED ON LIGHT ED MARKE	DIERIGING OF LICEN ON DIVECTOR	٠
Josetin M	essina. Pr	de signing officer or director	

2-28-08

Daytime Phone #